

=63-007940

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2022 Registrar's No. 27
FILED FEB 25 1963

DATE AMENDED

1000

INSTEAD OF

SHOULD READ

ITEM NO.

1

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If outside, give location) 309 East Third Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LILLIAN		4. DATE OF DEATH Month February Day 16 Year 1963	
5. SEX Female		6. COLOR OR RACE White	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/13/1876	
9. AGE (last birthday) 86		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Cross Timbers, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jesse F. Moore		13b. MOTHER'S MAIDEN NAME Lizzie P. Davis	
14. NAME OF HUSBAND OR WIFE David D. Williams, deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. *****		17. INFORMANT T.H. Williams, St. Louis, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) M myocardial infarction DUE TO (b) myocarditis DUE TO (c) arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of form 18.)		20c. TIME OF INJURY Hour 5:45 a.m. - p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Sedalia Mo		COUNTY Hickory STATE Mo.	
21. I attended the deceased from 1959 to death and last saw him alive on Feb-15-63 Death occurred at 5:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Karl A. Gower MD	
22b. ADDRESS Sedalia Mo		22c. DATE SIGNED 16 Feb 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/19/63	
23c. NAME OF CEMETERY OR CREMATORY Guier Cemetery		23d. LOCATION (City, town, or county) Hickory County, Mo.	
24. FUNERAL DIRECTOR Francis G. Gower		25. DATE RECD. BY LOCAL REG. February 18, 1963	
26. REGISTRAR'S SIGNATURE Francis G. Gower		27. REGISTRAR'S SIGNATURE Francis G. Gower	

(Licensed Embalmer's Statement on Reverse Side)

(Licensed Embalmer's Statement on Reverse Side)

MINOC-127

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Seaboard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.